COUNCIL OF ACUPUNCTURE AND ORIENTAL MEDICINE ASSOCIATIONS

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advocates for excellence in acupuncture and oriental medicine

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Michael E. Alpert, Chairman
Little Hoover Commission
925 L Street, Suite 805
Sacramento, CA 95814

Dear Chairman Alpert and commissioners:

I would like to extend my gratitude on behalf of the Council of Acupuncture and Oriental Medicine Associations, our profession as well as many Californians who benefited from its care of Oriental medicine for the opportunity to represent our profession in this very important route.

The acceptance of Oriental/Chinese medicine by mainstream American society began with its significant effectiveness. Many well-educated forbearers made their memorable contributions by serving the American people with their medical expertise, ethical practices, and quiet dedication. To have Chinese medicine take root in the United States and become part of mainstream American society lies in the promotion of education in Chinese medicine; practitioners of Chinese medicine in American should acquire a high level of achievement in theory, clinical skills, education, scientific research, in addition to gaining political and legal status. The basic direction would be improving the academic quality of the practitioners of Chinese medicine by obtaining higher education and higher academic degrees in order to serve the best interest of the American public and their safety.

In recent years, as Oriental medicine develops in the United States, the American people have gradually become more familiar with the effectiveness of Chinese medicine and acupuncture, and the demand has also become more intense.

Looking back to the past 30 years, professionals in the field of Acupuncture and Chinese medicine have devoted tremendous efforts to pass legislation in order to arrive at the current stage. (Please see attachment A.) Through out the years of effort by the profession and the Acupuncture Board have consistent to promote the high education with resistance from the conservative factions. The education of Chinese Medicine still stays at the level that existed 17 years ago. After a continuous struggle of 17 years, the professionals in the field of Chinese medicine proposed AB 1943 to increase the education level to 4000 hours and an doctoral entry level of Oriental medicine. It is hoped that the professional level of acupuncturists can be elevated through the establishment of a doctoral degree education which will meet the public demand, to confirm the primary care provider status, so that we can apply our expertise in gaining acceptance by the insurance industry and serve the people of California.

Although AB 1943 was passed last year after overcoming great difficulties, it was met with resistance and sent back for LHC review. There will be a review from all points of views. I am confident that there will be a constructive recommendation which could fulfill the spirit of AB1943 and benefit the best interest of California people.

Again, thank you for letting me to have this opportunity to present my answer on behalf of the profession.

Respectfully submitted,

Michelle Lau. L.Ac
President, Council of Acupuncture and Oriental Medicine Associations

Questions for the Profession

from the Little Hoover Commission

1) The Commission has been asked to consider six specific questions related to acupuncture regulation in California (see attached copies of AB 1943 and SB 1951). Please provide your perspective on each of the questions related to scope of practice, education, licensing exam and school accreditation.

1. Review and make recommendations on the scope of practice for acupuncturists.

In the past thirty years, acupuncture and Chinese medicine have been making significant progress in the United States. The education in the areas of acupuncture and Chinese medicine has been improving continuously. In California, the education requirement of schools that teach acupuncture and Chinese medicine has already been increased to an average of 3000 hours. Schools have also followed the requirements of the "scope of practice" introduced by the State of California into their curriculum. As society progresses and the needs of the people are elevated, schools of Chinese medicine must also continue to improve their teaching levels and education standard according to the "scope of practice" in order to be responsible for the public's safety. According to B & P code section 4927 and 4937 (See attachment B) in conjunction with legal opinion 93-11: prepared by the Acupuncture Board's legal counsel in 1993, acupuncture has a wide range of modalities that treat many common and chronic diseases. (See attachment C) These modalities are based on the outcome of more than 3000 years of Chinese medical history. Treatments and theories for various acute and chronic diseases, being products of past practical experience, are very effective. In Asia, including, China, Korea, and Taiwan; Chinese medicine has already been included in their national medical insurance systems. More than one billion people can enjoy the benefits of both Chinese and western medicines with insurance coverage. Fortunately, the levels of acupuncture and Chinese medicine have also followed the steps of Asia and made improvements. Coverage can be provided by some private and public insurance companies within the "scope of practice". Now, acupuncturists are also included as primary treating physicians in the workers compensation system since 1989, and approved as qualified medical evaluators (QME) (labor code section 3209.3).

The present scope of practice for California licensed acupuncturists was clarified in the early 1990. In April 1997, the Acupuncture Board also adopted as a reference document the Council of Acupuncture and Oriental Medicine Associations' March 1997 scope of practice for licensed acupuncturists. During that time, when the California Acupuncture Board formed a panel comprised of a broad range of experienced California practitioners, which spent about two years to clarify the scope of practice the is currently in effect. It is consistent with historic and current treatment modalities taught in professional Chinese medical schools in China. The only difference is that Chinese medical schools also teach surgery, emergency care, and orthopedic bone setting and point injection, etc. All medical professionals also need to perform appropriate diagnoses in order to determine the cause the presenting problem so it can be treated consistent with the modalities within each profession. In order to understand the one world body of pathology within the Chinese/Oriental medicine perspective and diagnosis decisions, Chinese medical practitioners should be able to understand the basic knowledge with respect to the modern understanding of pathology. This provides the knowledge and ability for a licensed

acupuncturist to form a clinical impression and how the presenting complaints are to be treated by using those modalities within their scope of practice. Hence, there are requirements in the licensed acupuncture regulation requiring a diagnosis that other health care providers can understand. Otherwise, how would licensed acupuncturists understand the disease conditions in order to recognize when a patient needs to be directed to a physician or to emergency care?

Oriental medicine originated in China. Acupuncture and Oriental medicine' scope of practice is based on strict educational planning. Currently, in China, Korea, and Taiwan; students of Chinese medicine would generally have to go through five to six years of systematic education and practical training (see attachment D). Upon graduation, the student can apply any suitable modalities within the "scope of practice" on the patient to achieve the best possible results. As for the review of the scope of practice as suggested in legislations AB 1943 and SB 1951, the emphasis should be maintenance of the current scope and also an elevation of training in schools of Chinese medicine based on the needs of society and patients. More effective treatments of acupuncture and Chinese medicine, such as Acupuncture point injection should be included in the scope of practice.

In addition to consolidating and improving the scope of practice of acupuncture and Oriental medicine, efforts should be put in to improve public awareness of Oriental medicine and acupuncture. Oriental medicine consists not only of acupuncture and herbal medicine, but it also includes an entire system of philosophy and theory, profound diagnosis, health maintenance, therapeutic exercise, Oriental Tuina massage, etc. These are also very effective in treatments. Since the scope of practice actually includes not only acupuncture but also other Oriental medicine modalities, CAOMA suggest that the title of acupuncturist should be changed to "doctor of Oriental medicine". It is also important to change the Acupuncture Board's name to "California Board of Acupuncture and Oriental Medicine".

2. Review and make recommendations on the educational requirements for acupuncturists.

The acupuncture profession has always been dedicated to elevating the education standards of California. The California Acupuncture Board has also dedicated great efforts in perfecting the scope of practice. From the time the education requirements were established in California 17 years ago, the number has remained as 2348 hours. This has lagged far behind the current average of 3000 hours at California schools of acupuncture and Oriental medicine. (Please see attachment E.)

Education in Chinese medicine in California has always had a leadership effect across the United States. Therefore, the acupuncture profession established a complete scope of practice five years ago elevating the education hours to 3200. There was also a goal to further increase the number beyond 3200 hours until a doctorate entry level of 4000 hours is reached. This also received strong support from the California Acupuncture Board. However, in the past seventeen years, such efforts have continuously met stiff resistance from the Council of Colleges for Acupuncture and Oriental Medicine (CCAOM), the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the California Medical Association (CMA), and some individual schools. Even though the Acupuncture Board has consistently supported the profession and passed a 3200 hour proposal in 1999, it was shelved and delayed when it reached the Deputy Director of Board Relations at the California Department of Consumer Affair (DCA) (See attachment F) due to their disregard.

The actual obligation of ACAOM and CCAOM should be to promote and elevate education in Oriental medicine. The DCA' Deputy Director of Board Relations as a government agency, should be supporting the continuous elevation of education levels. It should also be responsible for the public interest and safety. Not only did they not perform these duties, they were even line up with CMA to oppose the elevation of education standards in Chinese medicine and targeted the acupuncture scope of practice. This is especially apparent in their dealings with AB 1943 and SB 1951. (Please see attachment G.) Supporters of AB 1943 include the entire California acupuncture profession, associations, labor unions and consumers. But the opponents are CCAOM, ACAOM, CMA, a few schools of California, including few out-of-state school' administrators. Such as the presidents of Oregon College of the Oriental Medicine and the Bastyr University they are also the presidents of CCAOM and ACAOM. They joined the CMA to battle against the California profession to fight AB 1943 by incorporating their agenda into SB 1951, to testify that there is no need to increase the education standard, and that their graduates are doing superbly. They also said that a lack of malpractice is an indication that it is not necessary to increase the course hours and also testified, that it would not be a benefit to the financial needs of the students and schools, and that to increase the number of education hours is not necessary and not feasible, that it would simply add onto the burden of the students and schools. In spite of this, almost all California schools have reached 3000 hours in average of study and some have already exceeded 3200 hours. (Please see attachment H.) Why would all these schools oppose to 3200 hours, as well as the doctorate program? Why some of these schools now have been promoting and started their own doctorate programs while at the same time they have opposed the California doctorate entry level programs for the past 17 years? The decision to elevate education standards should be made with a priority on society's demand and the public's interest on consumer safety. It should be authorized by the profession's input, and input from the Acupuncture Board task force. But it is not supposed to be controlled by the school administrations, private organizations and agencies. This is a very serious problem we need to address and correct.

The CAOMA and members from our participating organization have been active over the years to continually improve the education standards in California eventually leading to an entry-level doctor of Oriental medicine (O.M.D.) program. Emphasis has been to provide training that is physiologically based and consistent with the authentic basis of Chinese medicine. In 1982, the profession in California had initially started with professional O.M.D. degrees in schools that offered education above the state requirements. The intended strategy was to follow the same approach that the medical doctors had taken when their first graduate medical doctor (M.D.) program was only 100 hours a little over one hundred years ago. The medical doctors continually increased their training hours over the years to reach the standard that is now in place. However, the people who were involved in starting the first accrediting agency for the most part were not practitioners nor experts in accreditation. Consequently, they sought an academic master's degree as opposed to a professional doctorate. There are no primary health care practitioners that can be licensed with only a master's degree. Meanwhile, schools in California and other states offered O.M.D. programs that were approved by their respective Bureaus for Private Postsecondary and Vocational Education, including California. Once ACAOM was established they forced all schools to drop their O.M.D. programs if they wanted to seek their approval. Unfortunately, all of the schools eventually caved in to this demand.

No one in the acupuncture and Oriental medicine profession was happy by this misdirection of the profession. CAOMA and its participating associations have continued to push for higher educational standards, as have professional organizations in other states. These efforts have

always been opposed by the CCAOM and ACAOM leading acrimonious battles in Rhode Island, New Mexico, Florida, Hawaii, California, and other states. CAOMA and their member associations supported AB 1943 and also participated in the CAB's Competencies Task Force process to make curriculum recommendations for increased training. Individuals from the CCAOM and ACCOM, including people outside of California were somehow allowed to participate in this process. Why was the CAB required to put people on this task force who opposed California to increase our standards?

Students of ACAOM approved California schools were not or somewhat not prepared to enter independent practice upon graduation. (See attachment I.) This provided evidence that there were potentially serious problems with the pre AB 1943 requirements. There were two major concerns. Firstly, some areas of training were not covered in school program involving the typical types of cases that practitioners will commonly encounter. Secondly, it is apparent that the clinical training program needed to be strengthened. Addressing these issues the resulting total hours derived by the Task Force effort ranged from about 3,200 to 3,900 hours. AB 1943 was modified to increase standards to 3,000 hours in January 2005.

CAOMA had worked with the profession and school in support of the following 3000 hours curriculum:

Biomedical sciences	350	
Oriental Medical Sciences	1250	
Oriental Medicine Theories		150
Acupuncture Medicine		200
Herbal Medicine		450
Internal Medicine		250
Orthopedics		200
Clinical Medicine	450	
Clinical Clerkship	950	

Total	3000	

3. Evaluate the national examination administered by the National Certification Commission for Acupuncture and Oriental Medicine, and make recommendations as to whether or not the national examination should be offered to California in lieu of, or as part of, the state examination.

There are several serious problems with the NCCAOM examination. The first and most obvious problem is that the NCCAOM examination is for certification only and not licensing. There are subtle differences in these two standards where certification is considered a lower standard, and hence would not meet California requirements. The other and more serious problem is that the NCCAOM does not have an equivalent Oriental medicine examination necessary to comply with the California training.

The present approach of the CCAOM and ACAOM is to break the Oriental medicine profession into technician level programs devoted only to acupuncture, herbs or body work. Perhaps certification is the proper level of recognition for technicians. This type of fractionation is totally inconsistent with the history and present training and application approach in China. The Chinese clearly appreciate that Chinese/Oriental medicine is a comprehensive approach to health care. Consequently practitioner need to be skilled in all modalities associated with this medicine. The

Chinese have noted that to break the training and practice into individual component would result in a great disservice to the public.

So, the NCCAOM would need to create a new examination that includes all the modalities and competencies required of California practitioners. The cost of this examination would approach $1,700 to 2,000 dollars. This range of fees is three to four times higher in cost than what California charges. If the examination is to be offered in languages such as Chinese, Korean, and Japanese, the cost would increase further. In addition to the high cost to California graduates, the NCCAOM requires payment of a recertification fee every four years.

The serious problem of NCCAOM examination concerns its quality and whether the questions are appropriate to what were taught in the California schools. Interviews with individuals who have recently taken the NCCAOM test show that it is easy and some even note that some second year California acupuncture students could pass the test. Every year there are many foreign candidates who come to the United States to take NCCAOM's examination to obtain the certificate for different purposes. The qualification to meet the requirements of the examination is completion of a minimum of 1350 hours of education. Comparatively, California graduation requirements for the majority of acupuncture schools are currently at a level of 2623-3642 hours, or an average of 3035. The question would be what the requirements for the candidates would be if the NCCAOM examination takes the place of the California examination. How is it possible for NCCAOM to change their present minimum standard of 1300-1500 hours with separation of modalities or modular system of testing to catch up with the California standards while the California standards keep moving up?

The CAOMA strongly recommends that the California test continues to be used until a new and acceptable examination national examination, other than the NCCAOM examination, can be developed that is consistent with the high standards of California, especially since the education standards are being upgraded. It is not feasible to incorporate any part of the NCCAOM certification examination into the California licensing examination.

4. Evaluate and make recommendations on the (school) approval process of the Accreditation Commission of Acupuncture and Oriental Medicine, the approval process of the Bureau for Private Postsecondary Education, and the board's approval process.

The United States may be unique in that the U.S. Department of Education (USDE) does not approve educational programs. This responsibility rests with the Bureaus of Private Postsecondary and Vocational Education in each state. So, each state has the responsibility to approve schools and programs. Specialty boards, such as the California Acupuncture Board, in each state have the responsibility to approve schools from the standpoint of the professional curriculum required by the state to meet competency and licensing standards are met, in addition to special attention to medical ethics, standards of practice laws, infection control, and proper disposal of used needles, and blood contaminated materials. Key to this process is to make certain that the safety and interest of all Californians is protected. Hence, the CAB needs to assure that the curriculum not only contains the proper didactic education and clinical training, but also addressed medical legal issues and patient safety.

Accreditation in the United States is strictly a voluntary process and as such no school is actually required to be accredited. The only advantage in accreditation by an agency recognized by the DOE is to qualify United States citizens for access to Title 4 Government Loan Assistance. Also, schools can be accredited by more than one agency. By law California cannot cede the

responsibility of school or program approval to any non-governmental accreditation agency or any other non-governmental agency. In addition, accreditation commissions or agencies can only establish minimum educational standards and as such should not have say if States have necessity to increase their educational standards to protect their citizens.

However, the ACAOM with the enforcement from the CCAOM has bitterly fought any state, including California that has tried to increase educational standards. This behavior is totally inconsistent with the USDE 602 regulations which require accreditation agencies to continually increase their educational standards. Furthermore, the accreditation agencies are also obligated to protect schools from internal and external pressures and to upgrade their lower schools. The ACAOM in conjunction with the CCAOM have sought to minimize to standards to fit the lowest school.

Another serious problem is since accreditation agencies can qualify students for federal loan assistance, the USDE requires these agencies to evaluate the success of the graduates from their member schools. The government is making federal loan money available so that students can learn a profession. In this way the government has the potential of getting paid back. Consequently, accreditation commissions or agencies are required to evaluate how well their graduates are doing respect to making a living once their training is completed. It is not obvious that ACAOM has ever done such a study. Information gathered by a California survey showed that about 35% of graduates from ACAOM approved California schools were either not prepared, or somewhat not prepared to enter practice. This is a failing grade.

The CAOMA recommends that ACAOM not be allowed to participate in any processes involving California's approval of acupuncture and Oriental medicine schools. The same recommendation also applies to any other accrediting body. The ACAOM and other accrediting agencies only have a responsibility for approving the programmatic criteria of their member schools for meeting their minimum standards.

5. Make recommendations to increase curriculum hours for the licensure of acupuncturists in excess of 3,000 hours up to 4,000 hours

The bulk of the acupuncture and Oriental medicine profession of United States resides in California and these individuals have long sought an entry-level professional doctoral program. Most of the practitioners outside California, (except for those who were being certified in only doing limited modalities,) also want a doctoral level training program. The 3,000 curriculum noted in Item 2 above corrects many of the concerns of CAOMA on California education standards. But we need to address some issues not covered by the 3,000 hour curriculum: about prerequisite training prior to matriculating in and Oriental medicine school program, biomedical sciences, and the clinical clerkship portion of the program.

The average hours recommended by the CAB's Competencies Task Force is approximately 3,600 hours. Review of the Chinese schools hours after subtracting indoctrination courses since they accept high school students, prerequisite courses, electives, and training devoted to surgery, emergency care, and bone setting, the equivalent range of hours is from 3,500 to 3,700 hours. Therefore, a course of training which would be equivalent to the core professional Chinese schools is 3,600 hours at this time. This figure represents an excellent minimum standard that could be incorporated at this time as an entry-level O.M.D. program.

The core of 1250 hours for Oriental Medicine Sciences that is addressed in the 3,000 program (Item 2 above) as previously discussed to address certain problems, so this level of training is

still appropriate. The other areas of change compared to the 3,000 hours involves the requirement of approximately 450 hours of prerequisite training involving English, College Algebra, Inorganic and Organic Chemistry, Physics, and Biology. Other differences include adding another 100 hours of biomedical sciences and increasing the clinical clerkship from 950 hours in the 3,000 hour program to 1,440 hours. This increase in clinical clerkship is accompanied by stricter supervision, participation, and documentation to assure that graduates are well prepared to enter either private practice or be able to work within the medical setting upon completion of their training. Summary requirements for the entry-level O.M.D. program include the following hours:

Biomedical Sciences	450	
Oriental Medical Sciences	1250	
Oriental Medicine Theory		150
Acupuncture Medicine		200
Herbal Medicine		450
Internal Medicine		250
Orthopedics		200
Clinical Medicine	460	
Clinical Clerkship	1440	
Observation		160
Supervised Practice 1		300
Supervised Practice 2		300
Monitored Practice		680
Total	3600	hours

By establishing the well balanced 3,600 minimum hour program, it will be easier for the State to increase hours in the future when necessary to keep abreast of new developments, applications, and evidenced based outcomes. When deemed necessary hours could be added to any of the four major areas such as biomedical sciences, Oriental medical sciences, clinical medicine, or the clinical clerkship program.

Based on the approval of the CAOMA board, CAOMA continues to support the 4000 hour doctorate entry-level program and endorsed the 3600 hour program above if the new National Oriental Medicine Accreditation (NOMAA) will meet the profession's doctor of Oriental medicine degree program standard. The education process should be feasible soon.

6. Provide recommendations for reviewing the competence of (currently) licensed acupuncturists who are not subject to the 3,000 hour minimum curriculum requirements, and shall provide recommendations for training, testing, or continuing education that would be required for these individuals to meet the standards for continued licensure.

Most professions have faced the situation where there have been changes in the training hours over the years. In some cases there have been changes in the licensing title as well. This has already happened in the states of New Mexico and Florida were the Licensed Acupuncture title was changed to Doctor of Oriental Medicine (O.M.D.) and Acupuncture Physician (A.P.). In these two cases there were no corresponding changes in the educational hours. This has also been

true of the medical doctors that changed their hours over time or the change in osteopaths (D.O.) being declared equivalent to medical doctors. Training hours for those individuals that were previously licensed were not increased nor were they required to be recertified. Reason for this is that most professions require their graduates to complete a minimum of continuing education hours of units (CEU) each year or every two years. Purpose of this training is to require licensed professionals to keep up with changes technology, evidenced based outcomes, and new applications.

As it turns out the practice of acupuncture and Oriental medicine is unique in that patients rarely come to a practitioner as the treatment of first choice. Reasons for this a complicated but partly has to do to the fact that most people are a little apprehensive about letting someone deliberately stick needles in their body, especially for the initial treatment. So, if an acupuncturist is poorly trained or has difficulty in the clinical setting, the chances are this person will not be able to make a living by practicing Oriental medicine. Consequently, there is a natural attrition rate where those that are not good in applying Oriental treatment modalities simply move on to doing some other type of work.

It is often said of health care practitioners that they learn more in their first year of practice than they did in their training programs. If a practitioner survives their first year in practice, then they are likely to keep learning and keeping up with the latest information, especially now that almost everything can be researched on the Internet. Those that want to stay in practice understand they continually need to seek out training program to improve their clinical skills. The survey on California graduates of ACAOM approved schools showed that some 77% sought additional training.

The Council of Acupuncture and Oriental Medicine Associations (CAOMA) accepts the fact that all graduates prior to the 3,000 or 3,600 hours criteria that are still in practice have obviously kept up with their continued education requirement which is now 30 hours every two years. We should recognize that the continued education program is serving its purpose and graduates preceding the increase in hours should not be required to take additional training, even if there is the needed change in our licensing title to O.M.D. instead of L.Ac. However, there could be a prudent increase in the continuing education hours from 30 hours every two years to 40 or 50 hours every two year for the next five years. But as a matter of fact, many current Oriental medicine practitioners have been attending more CEU than required by the Board.

But one thing is very important. The CAB has been doing a heroic job in sorting out what constitutes valid continuing education. When the CAB tries to reject a CEU course approval request they are met with threats of law suits, etc. What needs to accompany the change in 3,000 to 3,600 hour criteria is a policy statement that all CEU courses have to be physiologically based just as are training is and it has to be consistent with the fundamental training standards and provide a better understanding of the material that constitutes the basic education. Courses on clinical application have to include evidenced based methodology and clinical outcomes. Most of the professional associations such as CAOMA's member association have been dedicated to promoting higher education standards including consistent bimonthly seminars, lectures by international Oriental medicine scholars, local experienced professional practitioners, Oriental Medicine advanced research studies, etc. in order to keep up with the high demands of public interest and fast moving advanced technologies and science. Therefore, 4000 hours of education for an entry-level doctoral is necessary.

2) Among these issues which is the highest priority for the members of your organization?

Protecting the public's safety and welfare is always the basic guiding principle for the CAOMA in order to accomplish our goal. The highest priorities for CAOMA and the members of the organization are:

1. Clarify our primary care health provider status to ensure patients have full access to all the care and treatments within our scope of practice of acupuncture and Oriental medicine.
2. Ensure the legislature will enforce the law to clarify the right of acupuncturists and Oriental practitioners to practice as primary health care providers and can fully provide the broad service within our scope of practice to our patients and serve the public.
3. Mobilize the entire profession and all schools to fully support doctoral level education in California. Protect public safety and welfare by continuing to elevate the professional standards of practitioners of Oriental medicine.
4. Fight for health insurance coverage for acupuncture and Oriental medicine through legislation. Enable the access to effective treatments of Chinese medicine for the general publics.
5. Protect the public safety by legislation that will prohibit the practice of Oriental medicine by those who neither meets professional standards nor have a California license.
6. To ensure the legislature and people of California to fully understand the scope of practice of acupuncture and Oriental medicine, the title of acupuncturist should be changed to "Doctor of Oriental Medicine", and the Acupuncture Board should change to "Board of Oriental Medicine'.

3) Please provide the Commission information on your organization's membership, history, organizational structure, financing and goals for acupuncture in California.

Please refer to Mr. Brian Fennon, Executive Director of CAOMA's testimony which has the detail information.

4) What should the State's primary concern be in protecting consumers of acupuncture services? Is the State adequately providing the protection and if not what else should be done?

The State's primary concern with protecting consumer's of acupuncture and Oriental services:

1. Strict requirements that practitioners of Oriental medicine must achieve professional levels, adhere to ethical standards, and follow laws and regulations regarding safety. Also require that every practitioner must meet the requirements of primary health care providers pursuant to their license.
2. The State should strictly enforce state laws and regulations, ensuring that every practitioner must have passed the Acupuncture Board's licensing examination, and that every practitioner must go through rigorous training before using Oriental medicine and acupuncture on patients.
3. The State should direct the Acupuncture Board to clarify the "scope of practice" for practitioners of Oriental medicine, and to confirm their qualifications as primary health care providers so as to terminate any unnecessary outside controversies. This will ensure the

people of California will receive a full range of services in Oriental medicine, protect the rights of patients, and improve the people's health.

4. The State should direct the Acupuncture Board to continue to raise education levels and improve public safety in their review of schools and examination standards. Begin, as soon as possible, the first full range professional doctoral education program in California. This will improve the quality of practitioners and benefit the public.
5. The State should ensure that the people of California can enjoy a full range of services in Oriental medicine, including the medical insurance they should receive when they choose to receive treatments in Oriental Medicine and acupuncture.
6. The State should ensure that, after this contructive review by the Little Hoover Commission, the acupuncture and Oriental medicine profession can fulfill the spirit of AB 1943, and protect the interests of the people of California, ensuring that the education levels of the practitioners in California will not be influenced by external forces. The State should also begin the entry level doctoral program of Oriental medicine as soon as possible.